## **Application and Permit for Special Events in Sandy City**



(Please allow a minimum of 30 business days for processing prior to a proposed event date)

Sandy City intends that citizen requests for Special Events be accommodated if they do not jeopardize the safety of citizens, unnecessarily restrict the operation of Sandy City, or impede traffic. (Any activity that includes Sandy City Parks or Green Space fall under the jurisdiction of the Sandy City Parks and Recreation Department, 440 East 8680 South, Sandy, Utah 84070 - Phone: 568-2900 and requires a separate application.

Today's Date		Date of Event	to_	
Time(s):a.mp.m. to	-			
Type of Event:				
Responsible Individual:				
Name:	Home Phone			
Address		City _	State _	ZIP
Cell Phone	Business Phone		FAX	
Organization:		Em	nail:	
Please answer the following questions as completely as possible. Use separate sheet if necessary:				
Approximate number of peop				
Will food be served?	$\Box$ Yes $\Box$ No	If so, what kind?		
Will beverages be served?	□ Yes □ No	If so, what kind?		
Will projectiles be involved?	□ Yes □ No	If so, what kind?		
Special lighting?	□ Yes □ No	If so, what kind?		
Special sound equipment? (i.e., amplifier, megaphone, et Traffic and Parking expectation)	c.)			
Attach map of event location(s), if necessary.  Sandy City will review the request for a Special Event to ensure that your rights and the rights of others can be maintained.  Upon review, there may be conditions of approval attached to this permit. You must comply with any and all conditions to conduct this event.  Your signature below verifies that you agree to these terms.				
Signature of Applicant Submit completed application to: Angela Snyder/Code Compliance & Special Events, 10000 S Centennial Parkway #210, Sandy, Utah 84070 Phone: 801-568-7254 Fax: 801-568-7278 - Email asnyder@sandy.utah.gov				
FOR OFFICE USE ONLY  All Sandy City Departments that will affected will be contacted. Special Conditions or Concerns may be attached to the approved permit.  PoliceFireTrafficParksInspectionsBoard of HealthBusiness LicenseRisk Management Code  Approved:				
Conditions: No Yes Listed below:  1				
Processed Application was: Faxed Mailed Picked Up Date: Initials:				